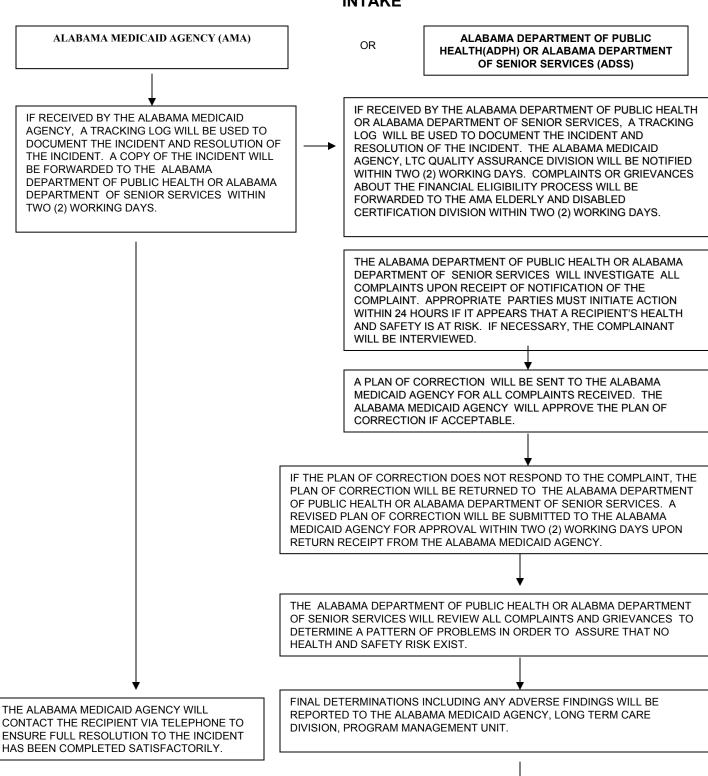
REQUIREMENTS FOR REPORTING COMPLAINTS & GREIVANCES RECEIVED BY THE OPERATING AGENCY AND/OR THE ALABAMA MEDICAID AGENCY

INTAKE



ELDERLY AND DISABLED WAIVER ALABAMA MEDICAID AGENCY

THE COMPLAINT AND GRIEVANCE LOGS WILL BE FORWARDED TO THE ALABAMA MEDICAID AGENCY, LONG TERM CARE QUALITY ASSURANCE UNIT QUARTERLY FOR REVIEW, TRACKING, AND ASSURANCE THAT RESOLUTIONS